



Interstate Telcom Consulting, Inc.

DOCKET FILE COPY ORIGINAL

Independent Telecommunications Consultants

Received & Inspected

OCT 29 2013

FCC Mail Room

October 21, 2013

Ms. Marlene H. Dortch
Office of the Secretary
Federal Communications Commission
9300 East Hampton Drive
Capitol Heights, MD 20743

Re: WC Docket No. 10-90: Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules, enclosed is a redacted version of Form 481 Annual Reporting Requirements and Certifications for Siren Telephone Company, Inc., Study Area Code 330949. Siren Telephone Company, Inc. is a state-designated ETC, and as such, is submitting to the Commission information from FCC Form 481. A confidential "Trade Secret" filing of this information was also made.

Should you have any questions, please contact me via e-mail at roxih@interstatetelcom.com or by phone at 320/848-6641.

Sincerely,



Roxi Hacker

Regulatory Consultant

Enclosures:

Cc: Sid Sherstad

No. of Copies rec'd 0+1
List ABCDE

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

Received & Inspected

OCT 23 2013

<010> Study Area Code	330949	FCC Mail Room
<015> Study Area Name	SIREN TEL CO, INC	
<020> Program Year	2014	
<030> Contact Name: Person USAC should contact with questions about this data	Roxanne Hacker	
<035> Contact Telephone Number: Number of the person identified in data line <030>	320-848-6641	
<039> Contact Email Address: Email of the person identified in data line <030>	roxih@interstatetelcom.com	

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	<div style="border: 1px solid black; padding: 2px; text-align: center;">0</div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<div style="border: 1px solid black; padding: 2px; text-align: center;">0.0</div>		
<420> Mobile	<div style="border: 1px solid black; padding: 2px;"></div>		
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<div style="border: 1px solid black; padding: 2px;"></div>		
<450> Mobile	<div style="border: 1px solid black; padding: 2px;"></div>		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 330949WI510Siren	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 330949WI610Siren	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	330949
<015>	Study Area Name	SIREN TEL CO, INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Roxanne Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-848-6641
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com.com
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/> (yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>		

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

Study Area Code
<010>

Study Area Name
<015>

Program Year
<020>

2020-	Contact Name - Person	ISAC should contact regarding this data

Line	Number	Number of person identified in data line <030>
1	1	320-848-6641

<033> Contact telephone number: 703-261-1111
 <034> E-mail address: roxih@interstatetel.com

<039>	Contact Email Address - Email Address of person identified in data file <030>

<h>

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

Study Area Code

Study Area Name
<015>

Program Year

U202	Program Year	Contact Name	Person IISAC should contact regarding this data
U203			

CONTACT NAME - PERSON OR ORGANIZATION	NUMBER OF PERSONS IDENTIFIED IN DATA
<U30>	<030>

<035>	Contact Telephone Number - Number of person identified in data line - 035-	roxih@interstatetel.com
-------	--	-------------------------

<039> Contact Email Address - Email Address of person identified in data line <030>

1/1/2013

Residential Local Service Charge Effective Date
7/1/2017

Single State-wide Residential Local Service Charge

[illegible]

FCC Form 481
OMB Control No. 3050-0986/OMB Control No. 3060-0819
July 2013

33

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

**(800) Operating Companies
Data Collection Form**

330949

<010> Study Area Code
 <015> Study Area Name SIREN TEL CO., INC
 <020> Program Year 2014
 <030> Contact Name - Person USAC should contact regarding this data Roxanne Hacker
 <035> Contact Telephone Number - Number of person identified in data line <030> 320-848-6641
 <039> Contact Email Address - Email Address of person identified in data line <030> roxi@interstatetel.com

<810> Reporting Carrier Siren Telephone Company, Inc.

<811> Holding Company

<812> Operating Company Siren Telephone Company, Inc.

<813>

Doing Business As Company or Brand Designation

<a1>

Affiliates

<a2>

SAC

<a3>

-- See attached worksheet --

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

330949

<010> Study Area Code

<015> Study Area Name

<020> Program Year

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

<910> Tribal Land(s) on which ETC Serves

St Croix Band of Chippewa
24663 Angeline Avenue
Webster, WI 54893

<920> Tribal Government Engagement Obligation

330949WI900Siren

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)
NA
NA
NA
NA
NA
NA
NA
NA
NA
NA

(1100) No Terrestrial Backhaul Reporting**Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

330949

<010> Study Area Code

SIREN TEL CO, INC

<015> Study Area Name

2014

<020> Program Year

Roxanne Hacker

<030> Contact Name - Person USAC should contact regarding this data

320-848-6641

<035> Contact Telephone Number - Number of person identified in data line <030>

roxih@interstatetel.com.com

<039> Contact Email Address - Email Address of person identified in data line <030>

☐

Please check this box to confirm no terrestrial backhaul

<1120> options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers

broadband service of at least 1 Mbps downstream and 256 kbps

upstream within the supported area pursuant to § 54.313(G)

<1130>

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

(1200) Terms and Condition for Lifeline Customers

**Lifeline
Data Collection Form**

<010>	Study Area Code	330949
<015>	Study Area Name	SIREN TEL CO, INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Roxanne Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-848-6641
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com.com

330949WII1210Siren

Name of attached document (.pdf)

HTTP

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation
Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330949
<015>	Study Area Name	SIREN TEL CO, INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Roxanne Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-848-6641
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting
 <2010> 2nd Year Certification (47 CFR § 54.313(b)(1))
 <2011> 3rd Year Certification (47 CFR § 54.313(b)(2))

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))
 <2012> 2013 Frozen Support Certification
 <2013> 2014 Frozen Support Certification
 <2014> 2015 Frozen Support Certification
 <2015> 2016 and future Frozen Support Certification

--

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))
 <2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting (47 CFR § 54.313(e))
 <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached PDF, on line 2021,

contains the required information pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

<2021>

(3000) Rate of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

330949
Study Area Code
330949
Study Area Name
STEVEN TEL CO., INC
2014
Program Year
2014
Contact Name - Person USAC should contact regarding this data
Roxanne Hacker
Contact Telephone Number - Number of person identified in data line <030>
320-848-6641
Contact Email Address - Email Address of person identified in data line <030>
rox1h@interstatel.com.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i))
Please check this box to confirm that the attached PDF, on line 3012,
contains the required information pursuant to § 54.313 (f)(1)(ii), as a
recipient of CAF Phase II support shall provide the number, names, and
addresses of community anchor institutions to which began providing
access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

☐

(3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))
Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
If yes, does your company file the RUS annual report
Please check these boxes to confirm that the attached PDF, on line 3017,
contains the required information pursuant to § 54.313(f)(2) compliance
requires:

Name of Attached Document Listing Required Information

☒ (Yes/No)
☒ (Yes/No)

(3015) Electronic copy of their annual RUS reports (Operating Report for
Telecommunications Borrowers)

☒

(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows
If the response is yes on line 3014, attach your company's RUS annual
report and all required documentation

Name of Attached Document Listing Required Information

330949W13000S1ren

☐ (Yes/No)

(3018) If the response is no on line 3014, is your company audited?
If the response is yes on line 3018, please check the boxes below to
confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report
in a format comparable to RUS Operating Report for Telecommunications
PDF of Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3020) Management letter issued by the independent certified public accountant
that performed the company's financial audit.

☐

(3021) If the response is no on line 3018, please check the boxes below
to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),
contains:

(3022) Copy of their financial statement which has been subject to review by an
independent certified public accountant; or (2) a financial report in a
format comparable to RUS Operating Report for Telecommunications
Borrowers,

☐

(3023) Underlying information subjected to a review by an independent certified
public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

☐

**Certification - Reporting Carrier
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	330949
<015>	Study Area Name	SIREN TEL CO, INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Roxanne Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-848-6641
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	Date
Signature of Authorized Officer:	
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	330949
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<030> Contact Name - Person USAC should contact regarding this data	Roxanne Hacker
<035> Contact Telephone Number - Number of person identified in data line <030>	320-848-6641
<039> Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetelcom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>ITCI</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: <u>ITCI</u>	
Name of Reporting Carrier: <u>SIREN TEL CO, INC</u>	
Signature of Authorized Officer: <u>CERTIFIED ONLINE</u>	Date: <u>10/14/2013</u>
Printed name of Authorized Officer: <u>Sid Sherstad</u>	
Title or position of Authorized Officer: <u>Vice President</u>	
Telephone number of Authorized Officer: <u>715-349-2224</u>	
Study Area Code of Reporting Carrier: <u>330949</u>	Filing Due Date for this form: <u>10/15/2013</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: <u>SIREN TEL CO, INC</u>	
Name of Authorized Agent or Employee of Agent: <u>ITCI</u>	
Signature of Authorized Agent or Employee of Agent: <u>CERTIFIED ONLINE</u>	Date: <u>10/14/2013</u>
Printed name of Authorized Agent or Employee of Agent: <u>Roxanne Hacker</u>	
Title or position of Authorized Agent or Employee of Agent: <u>Regulatory Consultant</u>	
Telephone number of Authorized Agent or Employee of Agent: <u>320-848-6641</u>	
Study Area Code of Reporting Carrier: <u>330949</u>	Filing Due Date for this form: <u>10/15/2013</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

SAC: 330949

State: Wisconsin

Siren Telephone Company, Inc.

Form 481 Line No.: 510 Compliance with Service Quality Standards and Consumer Protection

As required by the Wisconsin Public Service Commission (PSC) Chapter 165 Rules, the local services provided by Siren Telephone Company, Inc. are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Wisconsin PSC orders and rules including:

**WI Chapter PSC 165
STANDARDS FOR TELECOMMUNICATIONS SERVICE**

165.010	General.	165.065	Emergency operation.
165.020	Definitions.	165.066	Protection of utility facilities.
165.031	Retention of records.	165.067	Interference with public service structures.
165.032	Schedules to be filed with the commission.	165.070	Provision for testing.
165.033	Exchange area boundaries.	165.071	Meter and recording equipment test facilities.
165.034	Utility accidents and interruptions.	165.072	Accuracy requirements.
165.040	Meter reading records.	165.073	Initial test.
165.041	Meter reading interval.	165.074	As-found tests.
165.042	Billing recording equipment.	165.075	Routine tests.
165.043	Information available to customers.	165.076	Request tests.
165.050	Customer billing.	165.077	Referee tests.
165.051	Deposits.	165.078	Test records.
165.052	Disconnection and refusal of service.	165.082	Traffic and operator rules.
165.0525	Deferred payment agreement.	165.083	Answering time objectives.
165.053	Customer complaints.	165.084	Dial service objectives.
165.0535	Dispute procedures.	165.085	Interoffice trunks.
165.054	Held applications.	165.086	Transmission requirements.
165.055	Directories.	165.087	Minimum transmission objectives.
165.060	Construction.	165.088	Public telephone service.
165.061	Maintenance of plant and equipment.	165.089	Interruptions of service.
165.062	Line fills.	165.090	Protective measures.
165.063	Central office equipment.	165.091	Safety program.
165.064	Interconnection service standards.		

SAC: 330949

State: Wisconsin

Siren Telephone Company, Inc.

Form 481 Line No: 610 Description of Functionality in Emergency Situations

Siren Telephone Company, Inc. pursuant to Wisconsin Public Service Commission rule "165.065
Emergency Operation" has:

- Established reasonable provisions to meet emergencies resulting from national security requirements, failures of lighting or power service, sudden and prolonged increases in traffic, illness or personnel, or from fire, storm, or similar emergencies. These provisions meet or exceed the rule requirement to provide:
 - Back up battery service in each central office.
 - Mobile power units that can be delivered on short notice and can be readily connected in offices without installed emergency power facilities.
- Informed employees as to procedures to be followed in the event of an emergency in order to prevent or mitigate interruption or impairment of telecommunications service, including rerouting of traffic around damaged facilities and the deployment of emergency power.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	330949
<015>	Study Area Name	SIREN TEL CO, INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Roxanne Hacker
<035>	Contact Telephone Number - Number of person identified in data line <030>	320-848-6641
<039>	Contact Email Address - Email Address of person identified in data line <030>	roxih@interstatetel.com
<810>	Reporting Carrier	Siren Telephone Company, Inc.
<811>	Holding Company	
<812>	Operating Company	Siren Telephone Company, Inc.

[illegible]

Siren Telephone Company, Inc. sent out a correspondence letter based on the FCC's Reform Order obligations to the tribal government in the area we serve, that letter is attached. The letter was addressed to contacts as provided by the National Congress of American Indian's Tribal Directory. **Siren Telephone Company, Inc.** did not receive any response from the St Croix Tribe in our area.

Tribal Engagement – for ETCs that serve Tribal Lands

Obligations in the FCC's USF/ICC Reform Order

Requirements:

1. Needs Assessment and Deployment Planning- focus on Tribal anchor institutions
 - a. Tribal responsibility: Assessment of Tribes communication needs-specific communication goals, needs, priorities and uses. Identify community or anchor institutions that are central to deployment and consider economic factors/opportunities that would make a business case for deployment.
 - b. ETC responsibility: Articulate deployment priorities, process to determine these priorities and initial plans for deployment on Tribal lands, including timelines and prioritizing factors.
2. Feasibility and sustainability planning
 - a. Tribal government leaders and providers should be able to coordinate the feasibility and sustainability planning, by discussing specific challenges (rugged/remote terrain, poverty levels, sustainability) and additional resources that may be available to the tribal land (government programs that support infrastructure deployment or other business ventures).
3. Marketing services (in culturally sensitive manner)
 - a. Providers must report on their efforts to ensure that services on Tribal lands are marketed in a way that relates to the community, resonates with the consumers and stimulates adoption.
4. Rights of way processes, land use permitting, facilities siting, environmental and cultural preservation review processes
 - a. Both Tribal governments and providers should discuss the relevant rights of way and other permitting and review processes (including those set forth by the U.S. Department of Interior's Bureau of Indian Affairs (BIA)). Tribal governments should provide a comprehensive list of these processes and providers should provide documentation of all processes with which they currently comply.
5. Compliance with Tribal business and licensing requirements
 - a. Tribal governments should provide a comprehensive list of all requirements applicable to the provision of communications services.
 - b. ETCs should provide current evidence of compliance with any Tribal business practice license, if any.



SIREN TELEPHONE

7723 Main, P.O. Box 506

Siren, WI 54872

715-349-2224 Fax #349-2576

E-mail- sirentel@sirentel.net

August 29, 2012

St Croix Band of Chippewa
Stuart Bearheart
24663 Angeline Avenue
Webster, WI 54893

Re: FCC Order 11-161, DA 12-1165 Tribal Land Engagement.

Dear Sir:

Siren Telephone Company serves the St Croix Band of Chippewa area with phone and internet service. I am writing you today to initiate conversation with your Tribal government and leaders to discuss any and all options to better serve your lands with high speed technology. Specifically, I would like to discuss your specific communications goals, needs and priorities. Once that is clear we can discuss the feasibility and sustainability of Siren Telephone Company deploying these services to your area.

Please contact me at your convenience:

Sid Sherstad
Siren Telephone Company
7723 Main Street
PO Box 426
Siren, WI 54872
715-349-2224
sherstad@sirentel.net

Sincerely,
/s/. Sid Sherstad

Sid Sherstad
General Manager

SAC: 330949

State: Wisconsin

Siren Telephone Company, Inc.

Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

-
- Siren Telephone Company, Inc. offers Lifeline Service credit according to basic service requirements listed in Wisconsin Administrative Code 160.03 and 160.04:

PSC 160.03 Essential telecommunications services.

- 1) Each local exchange service provider shall make available to all its customers at affordable prices all essential telecommunications services.
- 2) "Essential telecommunications services" means all the following:
 - (a) Single-party voice-grade service with:
 1. Line quality capable of facsimile transmission.
 2. Line quality capable of data transmission as specified in s.PSC 160.031.
 3. Dual-tone multi-frequency touch tone and rotary pulse dialing operability.
 4. Access to emergency services numbers and 9-1-1 operability where requested by local authorities.
 5. Equal access to interlata interexchange carriers subject to federal communications commission orders and rules.
 6. Equal access to intralata interexchange carriers pursuant to schedules, terms and conditions imposed by commission orders and rules.
 7. Single party revertive calling, if 2 or more pieces of customer premises equipment can be simultaneously active on the line or channel being used by the customer.
 8. A reasonably adequate number of calls within a reasonably adequate local calling area as defined by the commission.
 9. Connectivity with all public toll, local, wireline and wireless networks, and with various internet service providers.
 10. Telecommunications relay service to facilitate communication between teletypewriter users and non-teletypewriter users.
 11. Access to operator service.
 12. Access to directory assistance.
 13. Toll blocking, 900 and 976 number blocking and extended community calling blocking options as specified in s.PSC 160.04.
 14. Intercept and announcements for vacant, changed, suspended and disconnected numbers in oral and TTY-readable formats.
 15. A directory listing with the option for non-listed and non-published service.
 - (b) Annual distribution of a local telephone directory in accordance with s.PSC 165,955.
 - (c) Timely repair.

PSC 160.04 Toll blocking.

- (1) **BLOCKING OBLIGATIONS.** Every local exchange service provider in the state shall offer the capability to block all long distance calls and, separately, the capability to block 900 and 976 number calls and the capability to block extended community calling unless a timely waiver has been granted to the local exchange service provider by the commission.

SAC: 330949
 State: Wisconsin
 Siren Telephone Company, Inc.
 Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

(2) CHARGES. Blocking shall be without monthly or nonrecurring charge to low-income customers and at no charge other than for second and subsequent service activation orders for other residential and standard business line customers.

(3) EMERGENCY SERVICE. Blocking shall not prevent the customer from reaching the emergency service numbers appropriate for the customer's location.

- Siren Telephone Company, Inc.'s Lifeline service offerings are listed in their Local Service Tariff Section 4, Sheet 3-5, Section 6, Sheet 3 (attached).
- The Local Service Tariff is on file with the Wisconsin Public Service Commission.
- All Lifeline subscribers must meet the terms and conditions of Federal Lifeline Eligibility Rules.

Siren Telephone Company, Inc. does adhere to all Federal Lifeline eligibility rules and regulations as well as Wisconsin Administrative Code "Chapter PSC 160" which states:

PSC 160.02 Definitions.

- 8)** "Low-income" means a household that receives benefits from one or more of the following programs:
- (a)** Wisconsin Works
 - (b)** Medical Assistance
 - (c)** Supplemental security income
 - (d)** Food stamps
 - (e)** The low income household energy assistance program
 - (f)** The Wisconsin homestead tax credit
 - (g)** Badger care
 - (h)** As approved by the commission, other state or federally administered programs for households with income levels equal to or less than 200% of the poverty line.

PSC 160.06 Eligibility for low-income programs.

(1) LOW-INCOME ASSISTANCE ELIGIBILITY. Local exchange service providers shall verify an applicant's eligibility for low-income assistance programs by making timely queries of the applicable databases of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies. Applicant eligibility shall be verified by finding the applicant to be any of the following:

- (a)** An active client of at least one of the programs listed in s. PSC 160.02(8).
- (b)** A member of the active client's household whose low income qualifies the client for benefits under at least one of the programs listed in s. PSC 160.02(8).
- (c)** A recipient of the Wisconsin homestead tax credit for the most recently completed tax year. If the applicant's tax filing for the most recently completed tax year has not been posted to the records of the Wisconsin department of revenue and if application for low-income assistance is made on or before June 30th, then the tax year prior to the most recently completed tax year may be used to determine eligibility.

SAC: 330949
 State: Wisconsin
 Siren Telephone Company, Inc.
 Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

- (2) **ELIGIBILITY RECONFIRMATION.** Eligibility shall be reconfirmed on at least an annual basis for all customers receiving lifeline assistance.
- (3) **ELIGIBILITY INQUIRY.** Local exchange service providers shall inquire of the customer regarding eligibility of that customer for low-income programs on each order for initial or moved residential service and, orally or in writing, in the first contact with a customer during a year concerning disconnection or payment arrangements.
- (4) **QUERY AUTHORIZATION.** Local exchange service providers shall comply with client authorization requirements of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies for database queries necessary for eligibility verification. Customers shall complete and remit any reasonably required query authorization forms or forfeit eligibility.
- (5) **EXCEPTIONS.** Lifeline and Link-Up programs are not available to customers who are dependents for federal income tax purposes as defined in 26 USC 152 (1986), unless the customer is more than 60 years of age.

PSC 160.062 Lifeline program.

- (1) All local exchange service providers shall offer a lifeline monthly rate to all qualified low-income customers.
- (2)
 - (a) The lifeline monthly rate includes single-party residential service, touch-tone service, any 9-1-1 charges billed on the telephone bill, the federal subscriber line charge and 120 local calls, excluding extended community calling calls.
 - (b) The lifeline monthly rate shall be the total of the residential monthly rates for the items in par. (a) minus \$7 or, if the total of the monthly residential rates for the items in par. (a) is greater than \$22, the lifeline monthly rate shall be \$15.
 - (c) Notwithstanding par. (b), in no case shall the lifeline monthly rate be less than \$3 or more than \$15.
- (3) The lifeline monthly rate may appear as a credit against the full standard tariffed rate on a customer's bill or as a special rate designation. Whenever possible, the lifeline rate shall begin to appear on an eligible customer's bill on the next bill date following the date of application for lifeline assistance. If the rate does not begin to appear on the next bill date, when it does appear back credit will be given. In cases where a customer's eligibility date as found in the records of the Wisconsin department of workforce development, the Wisconsin department of revenue, or other state agencies precedes the last bill date prior to application, credit shall also be given for one month's prior bill.
- (4)
 - (a) Eligibility for lifeline assistance continues until the next bill date following a failure to meet eligibility requirements.
 - (b) When the low income household energy assistance program is one of the customer's qualifying income assistance programs, the eligibility for lifeline assistance shall continue until the bill date in the next December following the close of the heating season. At that time, lack of eligibility shall be re-verified by the local exchange service provider before removing the lifeline assistance from the customer's bill.

SAC: 330949
 State: Wisconsin
 Siren Telephone Company, Inc.
 Form 481 Line No.: 1210 Terms and Conditions of Voice Telephony Lifeline

- (c) When the homestead tax credit is one of the customer's qualifying income assistance programs, the eligibility for lifeline assistance continues until the bill date in the next June following the end of the tax year. At that time, lack of eligibility shall be re-verified by the local exchange service provider before removing the lifeline assistance from the customer's bill.
- (5) Local exchange service providers may receive reimbursement from the universal service fund for 100% of that portion of the standard authorized rate for service which is in excess of the amount of the lifeline monthly rate which is eligible for reimbursement from federal lifeline program funds.
- (6) Customers eligible for lifeline or link-up America assistance may not be charged a deposit for service if they voluntarily accept toll blocking, may not be requested to pay in advance for more than one month's local service bill, and may not be disconnected from local service for nonpayment of toll charges billed by the local exchange service provider. Customers that otherwise would be subject to disconnection may be counseled to accept toll blocking.
- (7) A local exchange service provider acting under the limited conditions specified in its commission approved telecommunications customer assistance program under s. PSC 160.08 may impose toll blocking or restriction on lifeline customers.

PSC 160.063 Outreach for low-income assistance programs.

- (1) Funding shall be available to fund collaborative partnerships between community-based organizations and telecommunications providers to increase participation of the eligible populations in the universal service fund low-income support programs.
- (2) Funding from the universal service fund for these collaborative efforts shall not exceed \$250,000 in one year.
- (3) The commission shall annually review and grant funding based on complete responses to a request for proposals. Funding shall be limited to not more than 6 projects with at least one project focused statewide and one project focused on the Milwaukee area, if feasible.
- (4) The commission shall contract for an evaluation of the effectiveness of this program in promoting enrollment in low-income programs and subscribership to telephone service to be completed within 2 years of May 1, 2000. The cost of this evaluation shall not exceed \$25,000. This \$25,000 shall be included as part of the \$250,000 maximum total funding available under this section during the year in which the evaluation occurs.

PSC 160.08 Telecommunications customer assistance program.

The commission may authorize individual telecommunications providers to establish telecommunications customer assistance programs that meet authorized goals and objectives for increasing or stabilizing subscription levels for non-optional, essential telephone service within its service territory or to address avoidance of disconnection or limitation of service to low-income households with payment problems. Such programs may allow a provider to not make available certain essential services, as defined in s. PSC 160.03(2), in order to preserve at least minimal telephone service to certain low-income households with payment problems. The commission shall determine on a case-by-case basis whether or not a telecommunications customer assistance program may receive universal service fund monies.

REDACTED – FOR PUBLIC INSPECTION

REDACTED:

Siren Telephone Company, Inc.

Financial Data 2011 / 2012

REDACTED – FOR PUBLIC INSPECTION